



Department of Health

ANDREW M. CUOMO
Governor

HOWARD A. ZUCKER, M.D., J.D.
Commissioner

SALLY DRESLIN, M.S., R.N.
Executive Deputy Commissioner

September 28, 2016

CERTIFIED MAIL-RETURN RECEIPT REQUESTED

Paul Dippert, D.O.
[REDACTED]

Re: License No. 095656

Dear Dr. Dippert:

Enclosed is a copy of the New York State Board for Professional Medical Conduct (BPMC) Modification Order No. 16-323. This order and any penalty provided therein goes into effect October 5, 2016.

Please direct any questions to: Board for Professional Medical Conduct, 90 Church Street, 4th Floor, New York, NY 10007-2919, telephone # 212-417-4445.

Sincerely,

[REDACTED]

Henry Spector, M.D.
Acting Executive Secretary
Board for Professional Medical Conduct

Enclosure

cc: Mr. Joseph V. Sedita, Esq.
Hodgson, Russ LLP
The Guarantee Building
140 Pearl St., Suite 100
Buffalo, New York 14202-4040

NEW YORK STATE DEPARTMENT OF HEALTH
STATE BOARD FOR PROFESSIONAL MEDICAL CONDUCT

IN THE MATTER
OF
PAUL DIPPERT, D.O.

BPMC No. 16-323
MODIFICATION
ORDER

Upon the proposed Application for a Modification Order of PAUL DIPPERT, D.O. (Respondent), which is made a part of this Modification Order, it is

ORDERED, that the attached Application, and its terms, are adopted; and it is further

ORDERED, that this Modification Order shall be effective upon issuance by the Board, either by

mailing of a copy of this Modification Order, either by first class mail to Respondent at the address in the attached Consent Agreement or by certified mail to Respondent's attorney, OR

upon facsimile transmission to Respondent or Respondent's attorney, whichever is first.

SO ORDERED.

DATE: 09/27/2016


Carmela Torrelli
Vice Chair
State Board for Professional Medical Conduct

NEW YORK STATE DEPARTMENT OF HEALTH
STATE BOARD FOR PROFESSIONAL MEDICAL CONDUCTIN THE MATTER
OF
PAUL DIPPERT, D.O.MODIFICATION
AGREEMENT
APPLICATION

PAUL DIPPERT, D.O., represents that all of the following statements are true:

That on or about September 30, 1965, I was licensed to practice as a physician in the State of New York, and issued License No. 095656 by the New York State Education Department.

My current address is [REDACTED], and I will advise the Director of the Office of Professional Medical Conduct of any change of address.

I am currently subject to BPMC Order #16-226, attached hereto as Attachment 1 (hereinafter "Original Order"), which was issued upon an Application for a Consent Order, signed by me on June 6, 2016, (hereinafter "Original Application"), adopted by the Original Order. I hereby apply to the State Board for Professional Conduct for an Order (hereinafter "Modification Order"), modifying the Original Order, as follows to amend the paragraphs of the Original Order that state:

Pursuant to N.Y. Pub. Health Law § 230-a(3), for 90 days after the effective date of this Consent Order, my license to practice medicine in New York State shall be limited to preclude the care and treatment of female patients.

Ninety (90) days after the effective date of this Consent Order for which I apply, my license to practice medicine in New York State shall be limited, pursuant to N.Y. Pub. Health Law §230-a, to preclude patient contact and any practice of medicine, clinical or otherwise. I shall be precluded from diagnosing, treating, operating, or prescribing for any human disease, pain, injury, deformity, or physical condition. I shall be precluded from further reliance upon my license to practice medicine to exempt me from the licensure, certification or other requirements set forth in statute or regulation for the practice of any other profession licensed, regulated or certified by the Board of Regents, Department of Education, Department of Health or Department of State.

And substituting for the above paragraphs as follows:

Pursuant to N.Y. Pub. Health Law § 230-a(3), through October 31, 2016, my license to practice medicine in New York State shall be limited to preclude the care and treatment of female patients.

On November 1, 2016, pursuant to this Modification Order for which I apply, my license to practice medicine in New York State shall be limited, pursuant to N. Y. Pub. Health Law §230-a, to preclude contact and any practice of medicine, clinical or otherwise. I shall be precluded from diagnosing, treating, operating, or prescribing for any human disease,

pain, injury, deformity, or physical condition. I shall be precluded from further reliance upon my license to practice medicine to exempt me from the licensure, certification or other requirements set forth in statute or regulation for the practice of any other profession licensed, regulated or certified by the Board of Regents, Department of Education, Department of Health or Department of State.

All remaining terms and conditions will continue as written in the Original Order.

I make this Application of my own free will and accord and not under duress, compulsion or restraint, and seek the anticipated benefit of the requested Modification. In consideration of the value to me of the acceptance by the Board of this Application, I knowingly waive my right to contest the Original Order or the Modification Order for which I apply, whether administratively or judicially, and ask that the Board grant this Application.

I understand and agree that the attorney for the Department, the Director of the Office of Professional Medical Conduct and the Chair of the State Board for Professional Medical Conduct each retain complete discretion either to enter into the proposed agreement and Modification Order, upon my application, or to decline to do so. I further understand and agree that no prior or separate written or oral communication can limit that discretion.

DATE: 9/17/16


PAUL DIPPERT, D.O.
Respondent

The undersigned agree to Respondent's attached Modification Order and to its proposed penalty, terms and conditions.

DATE: Sept 22, 2016

Hodgson, Russ LLP) /

By:

JOSEPH V. SEDITA, ESQ.
Attorney for Respondent

DATE: September 23, 2016

[REDACTED]
JEFFREY J. CONKLIN, ESQ.

Associate Counsel
Bureau of Professional Medical Conduct

DATE: 9/23/16

[REDACTED]
KEITH W. SERVIS

Director
Office of Professional Medical Conduct

ATTACHMENT 1

NEW YORK STATE DEPARTMENT OF HEALTH
STATE BOARD FOR PROFESSIONAL MEDICAL CONDUCT

IN THE MATTER
OF
PAUL DIPPERT, D.O.

BPMC No. 16-226
CONSENT
ORDER

Upon the application of (Respondent) PAUL DIPPERT, D.O., in the attached Consent Agreement and Order, which is made a part of this Consent Order, it is

ORDERED, that the Consent Agreement, and its terms, are adopted; and it is further

ORDERED, that this Consent Order shall be effective upon issuance by the Board, either by mailing of a copy of this Consent Order, either by first class mail to Respondent at the address in the attached Consent Agreement or by certified mail to Respondent's attorney,

OR upon facsimile transmission to Respondent or Respondent's attorney, whichever is first.

SO ORDERED.

DATE: 6/30/2016

ARTHUR S. HENGERER, M.D.
Chair
State Board for Professional Medical Conduct

NEW YORK STATE DEPARTMENT OF HEALTH
STATE BOARD FOR PROFESSIONAL MEDICAL CONDUCTIN THE MATTER
OF
PAUL DIPPERT, D.O.CONSENT
AGREEMENT

PAUL DIPPERT, D.O., represents that all of the following statements are true:

That on or about September 30, 1965, I was licensed to practice as a physician in the State of New York, and issued License No. 095656 by the New York State Education Department.

My current address is [REDACTED], and I will advise the Director of the Office of Professional Medical Conduct of any change of address.

I understand that the New York State Board for Professional Medical Conduct (Board) has charged me with one or more specifications of professional misconduct.

A copy of the Statement of Charges, marked as Exhibit "A", is attached to and part of this Consent Agreement.

I plead guilty to the First Specification, in full satisfaction of the charges against me, and agree to the following penalty:

Pursuant to N.Y. Pub. Health Law § 230-a(3), for 90 days after the effective date of this Consent Order, my license to practice medicine in New York State shall be limited to preclude the care and treatment of female patients.

Pursuant to N.Y. Pub. Health Law §§ 230-a(7) and (9), I shall be subject to a fine in the amount of one thousand (\$1,000) dollars, to be paid in full within 30 days of the effective date of this Order. Payments must be submitted to:

Bureau of Accounts Management
New York State Department of Health
Corning Tower, Room 2784
Empire State Plaza
Albany, New York 12237

In making such payment, Respondent shall indicate the order number of this Order both on the payment check submitted and on the cover letter accompanying payment. Additionally, Respondent shall simultaneously mail a photocopy of the check and cover letter to:

Physician Monitoring Program
Office of Professional Medical Conduct
Riverview Center
150 Broadway, Suite 355
Albany, New York 12204-2719.

Ninety (90) days after the effective date of the Consent Order for which I apply, my license to practice medicine shall be limited, pursuant to N.Y. Pub. Health Law § 230-a, to preclude patient contact and any practice of medicine, clinical or otherwise. I shall be precluded from diagnosing, treating, operating, or prescribing for any human disease, pain, injury, deformity, or physical condition. I shall be precluded from further reliance upon my license to practice medicine to exempt me from the licensure, certification or other requirements set forth in statute or regulation for the practice of any other profession licensed, regulated or certified by the Board of Regents, Department of Education, Department of Health or the Department of State.

I further agree that the Consent Order for which I apply shall impose the following conditions:

That Respondent shall comply with each and every penalty imposed by this Order pursuant to N.Y. Pub. Health Law § 230-a; and

That Respondent shall, within 95 days of the effective of the Consent Order, notify the New York State Education Department, Division of Professional Licensing Services, that Respondent's license status is "inactive," and shall provide proof of such notification to the Director of OPMC immediately upon having done so; and

That Respondent shall provide the Director, Office of Professional Medical Conduct (OPMC), Riverview Center, 150 Broadway, Suite 355, Albany, New York 12204-2719, with the following information, in writing, and ensure that this information is kept current: a full

description of Respondent's employment and practice; all professional and residential addresses and telephone numbers within and outside New York State; and all investigations, arrests, charges, convictions or disciplinary actions by any local, state or federal agency, institution or facility. Respondent shall notify OPMC, in writing, within 30 days of any additions to or changes in the required information. This condition shall take effect 30 days after the Order's effective date and shall continue at all times until Respondent receives written notification from the Office of Professional Medical Conduct, Physician Monitoring Program, that OPMC has determined that Respondent has fully complied with and satisfied the requirements of the Order, regardless of tolling; and That Respondent shall cooperate fully with the Office of Professional Medical Conduct (OPMC) in its administration and enforcement of this Order and in its investigations of matters concerning Respondent. Respondent shall respond in a timely manner to all OPMC requests for written periodic verification of Respondent's compliance with this Order. Respondent shall meet with a person designated by the Director of OPMC, as directed. Respondent shall respond promptly and provide all documents and information within Respondent's control, as directed. This condition shall take effect upon the Board's issuance of the Consent Order and will continue so long as Respondent remains licensed in New York State; and

That Respondent shall comply with all conditions set forth in attached Exhibit "B" ("Requirements for Closing a Medical Practice").

I stipulate that my failure to comply with any conditions of this Order shall constitute misconduct as defined in N.Y. Educ. Law § 6530(29).

I agree that if I am charged with professional misconduct in future, this Consent Agreement and Order shall be admitted into evidence in that proceeding.

I ask the Board to adopt this Consent Agreement.

I understand that if the Board does not adopt this Consent Agreement, none of its terms shall bind me or constitute an admission of any of the acts of alleged misconduct; this Consent Agreement shall not be used against me in any way and shall be kept in strict confidence; and the Board's denial shall be without prejudice to the pending disciplinary proceeding and the Board's final determination pursuant to the Public Health Law.

I agree that, if the Board adopts this Consent Agreement, the Chair of the Board shall issue a Consent Order in accordance with its terms. I agree that this Order shall take effect upon its issuance by the Board, either by mailing of a copy of the Consent Order by first class mail to me at the address in this Consent Agreement, or to my attorney by certified mail, OR upon facsimile transmission to me or my attorney, whichever is first. The Order, this agreement, and all attached Exhibits shall be public documents, with only patient identities, if any, redacted. As public documents, they may be posted on the Department's website. OPMC shall report this action to the National Practitioner Data Bank and the Federation of State Medical Boards, and any other entities that the Director of OPMC shall deem appropriate.

I stipulate that the proposed sanction and Order are authorized by N.Y. Pub. Health Law §§ 230 and 230-a, and that the Board for Professional Medical Conduct and the Office

of Professional Medical Conduct have the requisite powers to carry out all included terms. I ask the Board to adopt this Consent Agreement of my own free will and not under duress, compulsion or restraint. In consideration of the value to me of the Board's adoption of this Consent Agreement, allowing me to resolve this matter without the various risks and burdens of a hearing on the merits, I knowingly waive my right to contest the Consent Order for which I apply, whether administratively or judicially, I agree to be bound by the Consent Order, and ask that the Board adopt this Consent Agreement.

I am aware and agree that, regardless of prior communication, the attorney for the Department, the Director of the Office of Professional Medical Conduct, and the Chairperson of the State Board for Professional Medical Conduct each reserve full discretion to enter into the Consent Agreement that I propose in this application, or to decline to do so.

DATE: 6/16/16

PAUL DIPPERT, D.O.
Respondent

The undersigned agree to Respondent's attached Consent Agreement and to its proposed penalty, terms and conditions.

DATE: 6/16/16

Hodgson, Russ, LLP, 11

By:

JOSEPH V. SEDITA, ESQ.
Attorney for Respondent

DATE: July 20, 2016

JEFFREY J. CONKLIN, ESQ.
Associate Counsel
Bureau of Professional Medical Conduct

DATE: 6/31/16

KEITH W. SERVIS
Director
Office of Professional Medical Conduct

EXHIBIT "A"

NEW YORK STATE DEPARTMENT OF HEALTH
STATE BOARD FOR PROFESSIONAL MEDICAL CONDUCT

IN THE MATTER
OF
PAUL DIPPERT, D.O.

STATEMENT
OF
CHARGES

PAUL DIPPERT, D.O., the Respondent, was authorized to practice medicine in New York State on or about September 30, 1965, by the issuance of license number 095656 by the New York State Education Department.

FACTUAL ALLEGATIONS

A. Respondent provided medical care to Patient A (hereinafter identified in the attached Appendix A) from on or about March 2011 through on or about November 2011, at Southtowns Family Practice, PC, 3040 Amsdell Road, Hamburg, New York, 14075 (hereinafter, "Southtowns Family Practice"). Respondent's care and treatment of Patient A deviated from accepted standards of medical care as follows:

1. Respondent failed to make a timely and proper diagnosis of Patient A's condition.
2. Respondent failed to order indicated diagnostic tests and laboratory studies for Patient A.
3. Respondent failed to refer Patient A for an indicated consultation with a renal nephrologist or urologist.

B. Respondent provided medical care to Patient B (hereinafter identified in the attached Appendix A) from on or about March 2011 through on or about March 2013, at Southtowns Family Practice. Respondent's care and treatment of Patient B deviated from accepted standards of medical care as follows:

1. Respondent failed to perform an indicated cognitive examination of Patient B.
2. Respondent failed to order indicated diagnostic tests for Patient B.

3. Respondent failed to refer Patient B for an indicated consultation with a vascular surgeon.

C. Respondent provided medical care to Patient C (hereinafter identified in the attached Appendix A) from on or about July 2011 through on or about June 2013, at Southtowns Family Practice. Respondent's care and treatment of Patient C deviated from accepted standards of medical care as follows:

1. Respondent inappropriately prescribed narcotics for Patient C.
2. Respondent failed to appropriately address abnormal laboratory test results.
3. Respondent failed to refer Patient C for an indicated consultation with a pain management specialist.

SPECIFICATION OF CHARGES

FIRST SPECIFICATION

NEGLIGENCE ON MORE THAN ONE OCCASION

Respondent is charged with committing professional misconduct as defined in New York Education Law §6530(3) by practicing the profession of medicine with negligence on more than one occasion as alleged in the facts of:

1. A. and A.1, A. and A.2, and A. and A.3; and/or B. and B.1, B. and B.2, and/or B. and B.3; and/or C. and C.1, C. and C.2, and/or C. and C.3.

DATE: June 21, 2016
Albany, New York


MICHAEL A. HISER, ESQ.
Deputy Counsel
Bureau of Professional Medical Conduct

EXHIBIT "B"

**Requirements for Closing a Medical Practice Following a
Revocation, Surrender, Limitation or Suspension of a Medical License**

1. Ninety (90) days after the effective date of this Consent Order, Licensee shall immediately cease and desist from engaging in the practice of medicine in New York State, or under Licensee's New York license, in accordance with the terms of the Order. In addition, Licensee shall refrain from providing an opinion as to professional practice or its application and from representing that Licensee is eligible to practice medicine.
2. Within Ninety-five (95) days of the Order's effective date, Licensee shall deliver Licensee's current biennial registration to the Office of Professional Medical Conduct (OPMC) at Riverview Center, 150 Broadway, Suite 355, Albany, New York 12204-2719.
3. Within one hundred five (105) days of the Order's effective date, Licensee shall notify all patients of the cessation or limitation of Licensee's medical practice, and shall refer all patients to another licensed practicing physician for continued care, as appropriate. Licensee shall notify, in writing, each health care plan with which the Licensee contracts or is employed, and each hospital where Licensee has privileges, that Licensee has ceased medical practice. Within 45 days of the Order's effective date, Licensee shall provide OPMC with written documentation that all patients and hospitals have been notified of the cessation of Licensee's medical practice.
4. Licensee shall make arrangements for the transfer and maintenance of all patient medical records. Within one hundred twenty (120) days of the Order's effective date, Licensee shall notify OPMC of these arrangements, including the name, address, and telephone number of an appropriate and acceptable contact persons who shall have access to these records. Original records shall be retained for at least 6 years after the last date of service rendered to a patient or, in the case of a minor, for at least 6

years after the last date of service or 3 years after the patient reaches the age of majority, whichever time period is longer. Records shall be maintained in a safe and secure place that is reasonably accessible to former patients. The arrangements shall include provisions to ensure that the information in the record is kept confidential and is available only to authorized persons. When a patient or a patient's representative requests a copy of the patient's medical record, or requests that the original medical record be sent to another health care provider, a copy of the record shall be promptly provided or forwarded at a reasonable cost to the patient (not to exceed 75 cents per page). Radiographic, sonographic and similar materials shall be provided at cost. A qualified person shall not be denied access to patient information solely because of an inability to pay.

5. In the event that Licensee holds a Drug Enforcement Administration (DEA) certificate for New York State, Licensee shall, within one hundred five (105) days of the Order's effective date, advise the DEA, in writing, of the licensure action and shall surrender his/her DEA controlled substance privileges for New York State to the DEA. Licensee shall promptly surrender any unused DEA #222 U.S. Official Order Forms Schedules 1 and 2 for New York State to the DEA. All submissions to the DEA shall be addressed to Diversion Program Manager, New York Field Division, U.S. Drug Enforcement Administration, 99 Tenth Avenue, New York, NY 10011.
6. Within one hundred five (105) days of the Order's effective date, Licensee shall return any unused New York State official prescription forms to the Bureau of Narcotic Enforcement of the New York State Department of Health. If no other licensee is providing services at Licensee's practice location, Licensee shall properly dispose of all medications.
7. Within one hundred five (105) days of the Order's effective date, Licensee shall remove from the public domain any representation that Licensee is eligible to practice medicine, including all related signs, advertisements, professional listings (whether in telephone directories, internet or otherwise), professional stationery or billings.

Licensee shall not share, occupy, or use office space in which another licensee provides health care services.

8. Licensee shall not charge, receive or share any fee or distribution of dividends for professional services rendered by Licensee or others while Licensee is barred from engaging in the practice of medicine. Licensee may be compensated for the reasonable value of services lawfully rendered, and disbursements incurred on a patient's behalf, prior to ninety (90) days after the Order's effective date.
9. If Licensee is a shareholder in any professional service corporation organized to engage in the practice of medicine, Licensee shall divest all financial interest in the professional services corporation, in accordance with New York Business Corporation Law. Such divestiture shall occur within ninety (90) days of the Order's effective date. If Licensee is the sole shareholder in a professional services corporation, the corporation must be dissolved or sold within one hundred eighty (180) days of the Order's effective date.
10. Failure to comply with the above directives may result in a civil penalty or criminal penalties as may be authorized by governing law. Under N.Y. Educ. Law § 6512, it is a Class E Felony, punishable by imprisonment of up to 4 years, to practice the profession of medicine when a professional license has been suspended, revoked or annulled. Such punishment is in addition to the penalties for professional misconduct set forth in N.Y. Pub. Health Law § 230-a, which include fines of up to \$10,000 for each specification of charges of which the Licensee is found guilty, and may include revocation of a suspended license.